

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>EAW</i>	<i>11</i>	<i>3/27/01</i>
<b>FORMALITY REVIEW</b>	<i>H-S</i>	<i>866</i>	<i>03-21-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>SS</i>	<i>573</i>	<i>08-21-01</i>
<i>u</i>	<i>SP</i>	<i>852</i>	<i>03-06-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	
1	5/21/02
2	5/21/02
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Claim	Date
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Claim	Date
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*C. C. 101*  
If more than 150 claims or 10 actions  
staple additional sheet here